

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/070177

FILING DATE

APPLICANT(S)

CLAIMS

INDEX	IND.	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
		IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5					
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47					
48					
49					
50					
TOTAL IND.	2	↓	1	↓	1
TOTAL DEP.	32	↓	10	↓	10
TOTAL CLAIMS	34	↓	11	↓	11

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
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96					
97					
98					
99					
100					
TOTAL IND.		↓		↓	
TOTAL DEP.		↓		↓	
TOTAL CLAIMS		↓		↓	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS